

MARGIN RESERVED FOR FINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
McGaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of *Calhoun*

Township of *Algonk*

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48698

Registration District No. *1406* Registered No. *10*

(For use of Local Registrar)

(2) Full Name of Child *Odie's Browner* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Jan 22, 1916* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robert Browner*

(9) PRESENT POSTOFFICE OF FATHER *White Hall*

(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE *Blue House*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth { *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Nancy Washington*

(15) PRESENT POSTOFFICE OF MOTHER *White Hall*

(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *20* (Years)

(18) BIRTHPLACE *Catholic Hill*

(19) OCCUPATION *house keeping*

(21) Number of children of this mother now living, including present birth { *1* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* *P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Nancy Magnwood*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife*

*White Hall*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed *Jul 29, 1916* (28) *W. B. Cross* Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.